

VOLUNTEER IN PROBATION

Tippecanoe County Probation Department

VOLUNTEER APPLICATION FORM

NAME: _____ D.O.B _____

ADDRESS: _____ Apt _____

CITY: _____ ST _____ ZIP _____

PHONE NO: (H) _____ (W) _____ (E-MAIL) _____

EMPLOYMENT INFORMATION:

Employer _____

Length of Employment _____ working hours _____

Average Hours per week _____

May we call you at work: (Yes) _____ (No) _____

Do you anticipate a work change within the next year? _____

PERSONAL INFORMATION:

Single: _____ Married: _____ Widowed: _____ Divorced: _____ Separated _____

Spouse/Partner's

Name: _____ Age: _____ Occupation: _____

Number of years married: _____ No of children: _____ Ages of Children: _____

Do you anticipate any changes within the next year: _____

Appendix 1

What does your Spouse/Partner think about you becoming a VIP mentor? _____

Are you a full time resident of Tippecanoe County?: Yes _____ No _____

Are you available all year (except for usual vacations and holidays)? Yes: _____ No: _____

Are you willing to make at least an eighteen (18) month commitment as a volunteer after completing the training program? Yes: _____ No: _____

Do you have access to an automobile and have a valid drivers license? Yes: _____ No: _____

Do you have automobile insurance? Yes: _____ No: _____

Languages spoken other than English?: _____

Have you received an adequate explanation of:

- The purpose of VIP? Yes: _____ No: _____
- The application process, including a criminal record check, reference checks and the policy of confidentiality? Yes: _____ No: _____
- The training process? Yes: _____ No: _____
- The job description, qualifications, requirements, and acceptance policy of the Volunteers in Probation Program? Yes: _____ No: _____

How and from whom did you obtain this form? _____

To whom do you return it? _____

What previous volunteer experience do you have? _____

When _____ and where _____

Who supervised your most recent volunteer work? (Name agency) _____

Appendix 1

EMERGENCY INFORMATION:

Person to
 notify: _____ 9
 (Work No): _____ (Home) _____

REFERENCES:

Name and complete addresses of individuals (**OTHER THAN** relatives, girl/boyfriend, roommates) who have known you for at least one year. Include any employer, if applicable:

1. Name:-----
 Address:-----
 Phone:----- Best time to call-----
 Years known-----Relationship-----
2. Name:-----
 Address:-----
 Phone:----- Best time to call-----
 Years known-----Relationship-----
3. Name:-----
 Address:-----
 Phone:----- Best time to call-----
 Years known-----Relationship-----

List any previous experience you have had with the Courts:

What are your special skills, interests or
 hobbies? _____

Your comments and/or questions? (Use back of paper if
 needed): _____

DATE: _____ SIGNATURE: _____

PRINTED NAME: _____

WITNESS: _____

Appendix 1

Volunteer-Pre-App2

6/1/00

Please verify with your Police Dept. Stamp or Signature whether or not this individual has a record. Yes _____ no _____ If yes:-

<u>DATE</u>	<u>OFFENSE</u>	<u>DISPOSITION/CONVICTION</u>
1, _____		
2. _____		

Please return form to: _____

TIPPECANOE COUNTY PROBATION DEPARTMENT
VOLUNTEERS IN PROBATION

CONFIDENTIALITY POLICY

To be read and signed by volunteers of Volunteers in Probation.

ACCESS TO CONFIDENTIAL RECORDS

In order for Volunteers in Probation to provide a responsible and professional service to probationers, it is necessary for volunteers to be asked to divulge extensive personal information about themselves and their families to the VIP screening committee. The agency respects the confidentiality of probationers and volunteer records and, with the exception of situations listed below, shares information about probationers and volunteers only among the agency professional staff. All records are considered the property of the Tippecanoe County probation Department and not the volunteers themselves. In order to provide a service which is in the best interest of the probationers served by the program, information from outside sources, including confidential references must be assessed along with information gained from the volunteers themselves. Records are not available for review by the probationers or the volunteers. Volunteers shall be provided at the time of application, a copy of this statement on confidentiality along with the exceptions which define the limits of confidentiality. Each volunteers shall sign a statement that he/she has read and understands the agency policy on confidentiality and agrees to program participation under the guidelines it sets forth.

LIMITS OF CONFIDENTIALITY

1. Confidential records will be released to other individuals or organizations outside the Tippecanoe County probation Department and the Courts only upon presentation of an authorized "consent to release information" form appropriately signed by the volunteer.
2. Members of the Advisory Board, other individuals or organizations have access to client files only upon authorization by formal motion of the Advisory Board. The motion shall state who shall be authorized to review the records, the specific

Appendix 3

3. purpose for such review and the period of time during which access shall be granted. These individuals or organizations shall be required to comply with the Volunteers In Probation policy on confidentiality and may use the information only for purposes stated by the approved action of the Advisory Board. Authorized members must sign a confidentiality policy regarding these conditions.
4. In the event of litigation or potential litigation involving the Volunteers in Probation, information will be provided to appropriate legal counsel. Such information is privileged information and its confidentiality is protected by law.
5. If any volunteer receives information indicating that a probationer may be dangerous to himself or herself, or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.
6. At the time a volunteer is considered as a match candidate, information is shared between the prospective match parties. However, the identity of the prospective match shall not be revealed at this stage. Names are shared with match mates only after the involved parties agree to the match.

SAFE KEEPING OF CONFIDENTIAL RECORDS

The Chief Probation Officer is considered the custodian of confidential records. It is her/his responsibility to supervise the management of confidential information in order to ensure safekeeping, accuracy, compliance with Board policy and accountability.

REQUESTING CONFIDENTIAL INFORMATION FROM OTHER AGENCIES

A volunteer's and a probationer's right to privacy shall be respected by the Volunteers In Probation. Requests for confidential information from other organizations shall be accompanied by an authorized consent to release information signed by the volunteer and/or the probationer.

Appendix 3

VIOLATIONS OF CONFIDENTIALITY

A known violation of the Volunteers In Probation policy on confidentiality by a volunteer shall be reported to the Court Referred Education and Services in Tippecanoe County (CREST) coordinator and the Chief Probation Officer.

I have read and understood the above document which states the Volunteers in Probation policy with respect to confidentiality of volunteer records. I agree to program participation under the conditions it sets forth,

VOLUNTEERS SIGNATURE

DATE

WITNESS

DATE

Appendix 3